

United States Bankruptcy Court
Southern District of New York

In re: Lehman Brothers Holdings, Inc., et al

Case Number 08-13555

Entity Name Lehman Brothers Holdings, Inc., et al

Entity Case Number 08-13555

Court ID (Court use only) _____

NOTICE OF TRANSFER OF CLAIM OTHER THAN FOR SECURITY

A CLAIM HAS BEEN FILED IN THIS CASE or deemed filed under 11 U.S.C. § 1111(a). Transferee hereby gives notice pursuant to Rule 3001(e)(2), Fed. R. Bankr. P., of the transfer, other than for security, of the claim referenced in this evidence and notice.

Name of Transferee

Tejas Securities Group, Inc.

Name of Transferor

The IBS Turnaround Fund (QP) (A limited Partnership)

The IBS Turnaround Fund, L.P.

The IBS Opportunity Fund, Ltd.

Name and Address where notices to transferee should be sent:

Tejas Securities Group, Inc.

8226 Bee Caves Rd

Austin, TX 78746

Phone: 512-306-5200

Last Four Digits of Account #:

Court Record Address of Transferor
(Court Use Only)

Name and Address where transferee payments
should be sent (if different from above)

Last Four Digits of Account #:

Name and Current Address of Transferor
The IBS Turnaround Fund (QP) (A limited Partnership)
The IBS Turnaround Fund, L.P.
The IBS Opportunity Fund, Ltd.
One International Place, 31st Floor
Boston, MA 02110

Claim Amount: **\$7,500,000.00**

Phone:

Last Four Digits of Account #:

Court Claim # (if known):

45228, 45236, 45229

Date Claim Filed: **10/23/2009**

Phone: ***Same as Above***

Last Four Digits of Account #:

I declare under penalty of perjury that the information provided in this notice is true and correct to the best of my knowledge and belief.

By: /s/ Greg Woodby

Date: 06/11/2012

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 & 3571.

DEADLINE TO OBJECT TO TRANSFER

The alleged transferor of the claim is hereby notified that objections must be filed with the court within twenty (20) days of the mailing of this notice. If no objection is timely received by the court, the transferee will be substituted as the original claimant without further order of the court.

Date: _____

CLERK OF THE COURT

AGREEMENT AND EVIDENCE OF TRANSFER OF CLAIM
LEHMAN PROGRAM SECURITY

TO: THE DEBTOR AND THE BANKRUPTCY COURT

1. For value received, the adequacy and sufficiency of which are hereby acknowledged, The IBS Turnaround Fund (QP) (A Limited Partnership), The IBS Turnaround Fund, L.P. and The IBS Opportunity Fund, Ltd. (collectively, the "Sellers") hereby unconditionally and irrevocably sell, transfer and assign to Tejas Securities Group Inc. (the "Purchaser"), and Purchaser hereby agrees to purchase, as of the date hereof, (a) an undivided interest, to the extent of the principal amounts specified in Schedule 1 attached hereto (the "Purchased Claims"), in Sellers' rights, titles and interests in and to Proofs of Claim Numbers 45229, 45228 and 45236 filed by or on behalf of the Sellers (the "Proofs of Claim") against Lehman Brothers Holdings, Inc., debtor in proceedings for reorganization (the "Proceedings") in the United States Bankruptcy Court for the Southern District of New York (the "Court"), administered under Case No. 08-13555 (JMP) (the "Debtor"), (b) all rights and benefits of Sellers relating to the Purchased Claims, including without limitation (i) any right to receive cash, securities, instruments, interest, damages, penalties, fees or other property, which may be paid or distributed with respect to the Purchased Claims or with respect to any of the documents, agreements, bills and/or other documents (whether now existing or hereafter arising) which evidence, create and/or give rise to or affect in any material way the Purchased Claims, whether under a plan or reorganization or liquidation, pursuant to a liquidation, or otherwise, (ii) any actions, claims (including, without limitation, "claims" as defined in Section 101(5) of Title 11 of the United States Code (the "Bankruptcy Code")), rights or lawsuits of any nature whatsoever, whether against the Debtor or any other party, arising out of or in connection with the Purchased Claims, (iii) any rights and benefits arising out of or in connection with any exhibit, attachment and/or supporting documentation relating to the Purchased Claims, and (iv) any and all of Sellers' rights, titles and interests in, to and under the transfer agreements, if any, under which Sellers or any prior seller acquired the rights and obligations underlying or constituting a part of the Purchased Claims, but only to the extent related to the Purchased Claims, (c) any and all proceeds of any of the foregoing (collectively, as described in clauses (a), (b), and (c), the "Transferred Claims"), and (d) the security or securities (any such security, a "Purchased Security") relating to the Purchased Claims and specified in Schedule 1 attached hereto.

2. Sellers hereby represent and warrant to Purchaser that: (a) the Proofs of Claim were duly and timely filed on or before 5:00 p.m. (prevailing Eastern Time) on November 2, 2009 in accordance with the Court's order setting the deadline for filing proofs of claim in respect of "Lehman Program Securities"; (b) the Proofs of Claim relate to one or more securities expressly identified on the list designated "Lehman Programs Securities" available on <http://www.lehman-docket.com> as of July 17, 2009; (c) Sellers own and have good and marketable title to the Transferred Claims, free and clear of any and all liens, claims, set-off rights, security interests, participations, or encumbrances created or incurred by Sellers or, against Sellers; (d) Sellers are duly authorized and empowered to execute and perform their obligations under this Agreement and Evidence of Transfer; (e) the Proofs of Claim include the Purchased Claims specified in Schedule 1 attached hereto; (f) to the best of Sellers' knowledge, the Sellers have not engaged in any acts, conduct or omissions, or had any relationship with the Debtor or its affiliates, that will result in Purchaser receiving in respect of the Transferred Claims proportionately less payments or distributions or less favorable treatment than other unsecured creditors; and (g) the Notice of Proposed Allowed Claim Amount ("Notice") for the Proofs of Claim provided to Purchaser is true and correct and no action was undertaken by Sellers with respect to the Notice for the Proofs of Claim.

3. Sellers hereby waive any objection to the transfer of the Transferred Claims to Purchaser on the books and records of the Debtor and the Court, and hereby waive to the fullest extent permitted by law any notice or right to receive notice of a hearing pursuant to Rule 3001(e) of the Federal Rules of Bankruptcy Procedure, the Bankruptcy Code, applicable local bankruptcy rules or applicable law, and consents to the substitution of Sellers by Purchaser for all purposes in the case, including, without limitation, for voting and distribution purposes with respect to the Transferred Claims. Purchaser agrees to file a notice of transfer with the Court pursuant to Federal Rule of Bankruptcy Procedure 3001(c) including this Agreement and Evidence of Transfer of Claim. Sellers acknowledge and understand, and hereby stipulate, that an order of the Court may be entered without further notice to Sellers transferring to Purchaser the Transferred Claims, recognizing Purchaser as the sole owner and holder of the Transferred Claims, and directing that all payments or distributions of money or property in respect of the Transferred Claim be delivered or made to Purchaser.

4. All representations, warranties, covenants and indemnities shall survive the execution, delivery and performance of this Agreement and Evidence of Transfer of Claim and the transactions described herein. Purchaser shall be entitled to transfer its rights hereunder without any notice to or the consent of Sellers. Sellers hereby agree to indemnify, defend and hold Purchaser, its successors and assigns and its officers, directors, employees, agents and controlling persons harmless from and against any and all losses, claims, damages, costs, expenses and liabilities, including, without limitation, reasonable attorneys' fees and expenses, which result from Sellers' breach of its representations and warranties made herein.

5. Sellers shall promptly (but in any event no later than five (5) business days) remit any payments, distributions or proceeds received by Sellers after the date of this Agreement and Evidence of Transfer of Claim in respect of the Transferred Claims to Purchaser. Sellers have transferred, or shall transfer as soon as practicable after the date hereof, to Purchaser each Purchased Security to such account, via Euroclear or Clearstream (or similar transfer method), as Purchaser may designate in writing to Sellers. This Agreement and Evidence of Transfer supplements and does not supersede any confirmation, any other automatically generated documentation or any applicable rules of Euroclear or Clearstream (or similar transfer method) with respect to the purchase and sale of the Purchased Security.

6. Each of Sellers and Purchaser agrees to (a) execute and deliver, or cause to be executed and delivered, all such other and further agreements, documents and instruments and (b) take or cause to be taken all such other and further actions as the other party may reasonably request to effectuate the intent and purposes, and carry out the terms, of this Agreement and Evidence of Transfer, including, without limitation, cooperating to ensure the timely and accurate filing of any amendment to the Proofs of Claim.

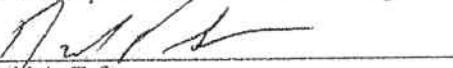
7. Sellers' and Purchaser's rights and obligations hereunder shall be governed by and interpreted and determined in accordance with the laws of the State of New York (without regard to any conflicts of law provision that would require the application of the law of any other jurisdiction). Sellers and Purchaser each submit to the jurisdiction of the courts located in the County of New York in the State of New York. Each party hereto consents to service of process by certified mail at its address listed on the signature page below.

IN WITNESS WHEREOF, this AGREEMENT AND EVIDENCE OF TRANSFER OF CLAIM is executed this 1st day of June 2012.

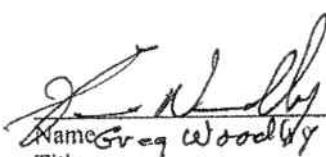
The IBS Turnaround Fund (QP) (A Limited) Partnership
The IBS Turnaround Fund, L.P.
By: IBS Capital LLC, General Partner
One International Place, 31st Floor
Boston, MA 02110


David A. Taft
President, IBS Capital LLC

The IBS Opportunity Fund, Ltd.
By: IBS Capital LLC, Investment Manager


David A. Taft
President, IBS Capital LLC
One International Place, 31st Floor
Boston, MA 02110

Tejas Securities Group, Inc.


Name: Greg Woodley
Title: CEO

Schedule 1

Transferred Claims

Lehman Programs Securities to which Transfer Relates

Description of Security	ISIN/CUSIP	Issuer	Guarantor	Principal Amount	Coupon	Maturity	Accrued Amount (as of Proof of Claim Filing Date)	Claim Number
Noted Linked to Performance of S&P 500	XS0315264001	Lehman Brothers Treasury Co. BV	Lehman Brothers Holdings Inc.	\$879,000	0%	8/15/10	-	45229
Noted Linked to Performance of S&P 500	XS0315264001	Lehman Brothers Treasury Co. BV	Lehman Brothers Holdings Inc.	\$393,000	0%	8/15/10	-	45228
Noted Linked to Performance of S&P 500	XS0315264001	Lehman Brothers Treasury Co. BV	Lehman Brothers Holdings Inc.	\$228,000	0%	8/15/10	-	45230
BR Zero Coupon 10Y IVTS Notes	XS0304195026	Lehman Brothers Treasury Co. BV	Lehman Brothers Holdings Inc.	\$4,391,600	0%	6/23/14	-	45229
BR Zero Coupon 10Y IVTS Notes	XS0304195026	Lehman Brothers Treasury Co. BV	Lehman Brothers Holdings Inc.	\$1,965,800	0%	6/23/14	-	45228
BR Zero Coupon 10Y IVTS Notes	XS0304195026	Lehman Brothers Treasury Co. BV	Lehman Brothers Holdings Inc.	\$1,142,600	0%	6/23/14	-	45230

United States Bankruptcy Court/Southern District of New York
 Lehman Brothers Holdings Claims Processing Center
 c/o Epiq Bankruptcy Solutions, LLC
 FDR Station, P.O. Box 5076
 New York, NY 10150-5076

**LEHMAN SECURITIES PROGRAMS
 PROOF OF CLAIM**

In Re:
 Lehman Brothers Holdings Inc., et al.,
 Debtors.

Chapter 11
 Case No. 08-13555 (JMP)
 (Jointly Administered)

Filed: USBC - Southern District of New York
 Lehman Brothers Holdings Inc., Et Al.
 08-13555 (JMP) 0000045228

Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <http://www.lehman-docket.com> as of July 17, 2009



Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

The IBS Turnaround Fund, L.P.
 IBS Capital LLC
 International Place, Suite 2401
 Boston, MA 02110

Telephone number: 617 3105160 Email Address: dat@ibscapital.com

Name and address where payment should be sent (if different from above)

Same

Telephone number: Email Address:

Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
 (If known)

Filed on: _____

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

Amount of Claim: \$ 3,179,240.69 (Required)

Schedule attached

Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

X 50315264001
 X 50304195024

International Securities Identification Number (ISIN): Schedule attached (Required) X 50349506104

3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.

Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:

6036598, 6036611, 6036614

(Required)

Schedule attached

4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.

Accountholders Euroclear Bank Clearstream Bank or Other Depository Participant Account Number: 22904
 (Required)

5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.

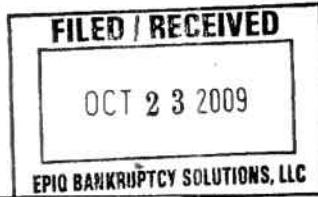
Date.

10/20/09

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

FOR COURT USE ONLY



Lehman Securities Proof of Claim
The IBS Turnaround Fund, L.P.

<u>Description</u>	<u>ISIN</u>	<u>Principal</u>	<u>Accrued</u>	<u>Total Claim</u>	<u>Blocking #</u>
1 Lehman Brothers Treasury Note Linked to S&P500 8/15/2010	XS0315264001	393,000.00	-	393,000.00	6036614
2 Lehman Brothers Treasury 0% 6/23/2014	XS0304195026	1,965,800.00	-	1,965,800.00	6036598
3 Lehman Brothers Treasury 8% 3/21/2018	XS0349506104	786,700.00	33,740.69	<u>820,440.69</u>	6036611
Total				3,179,240.69	

IBS Capital LLC
1 International Place
Suite 2401
Boston, MA 02110

CERTIFIED MAIL



7009 0080 0000 7042 7666



RECEIVED

OCT 23 2009

Lehman Brothers Holdings Claims Processing
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, PO Box 5076
New York, NY 10150-5076

United States Bankruptcy Court/Southern District of New York
 Lehman Brothers Holdings Claims Processing Center
 c/o Epiq Bankruptcy Solutions, LLC
 FDR Station, P.O. Box 5076
 New York, NY 10150-5076

**LEHMAN SECURITIES PROGRAMS
 PROOF OF CLAIM**

In Re:
 Lehman Brothers Holdings Inc., et al.,
 Debtors.

Chapter 11
 Case No. 08-13555 (JMP)
 (Jointly Administered)

Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <http://www.lehman-docket.com> as of July 17, 2009

Filed: USBC - Southern District of New York
 Lehman Brothers Holdings Inc., Et Al.
 08-13555 (JMP) 0000045236



Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

TCI BSI Opportunity Fund (BVI), Ltd.
 TBS Capital LLC
 1 International Place, Suite 2401
 Boston, MA 02110

Telephone number: 6173105160 Email Address: dat@ibscapital.com

Name and address where payment should be sent (if different from above)

SUMC

Telephone number: Email Address:

Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
 (If known)

Filed on: _____

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

Amount of Claim: \$ 1,846,678.78 (Required)

Schedule attached

Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

X50315264001
 X50304195024
 X50349506104

International Securities Identification Number (ISIN): Schedule attached (Required)

3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.

Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and/or other depository blocking reference number:

6034598, 6036611, 6036614 (Required)

Schedule attached

4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.

Accountholders Euroclear Bank Clearstream Bank or Other Depository Participant Account Number: 22904

5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.

Date:

10/20/09

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

FOR COURT USE ONLY

FILED / RECEIVED

OCT 23 2009

EPIQ BANKRUPTCY SOLUTIONS, LLC

Lehman Securities Proof of Claim
The IBS Opportunity Fund (BVI), Ltd.

<u>Description</u>	<u>ISIN</u>	<u>Principal</u>	<u>Accrued</u>	<u>Total Claim</u>	<u>Blocking #</u>
1 Lehman Brothers Treasury Note Linked to S&P500 8/15/2010	XS0315264001	228,000.00	-	228,000.00	6036614
2 Lehman Brothers Treasury 0% 6/23/2014	XS0304195026	1,142,600.00	-	1,142,600.00	6036598
3 Lehman Brothers Treasury 8% 3/21/2018	XS0349506104	456,500.00	19,578.78	476,078.78	6036611
Total					1,846,678.78

IBS Capital LLC
1 International Place
Suite 2401
Boston, MA 02110

CERTIFIED MAIL



7009 0060 0000 7042 7659



RECEIVED
OCT 23 2009

Lehman Brothers Holdings Claims Processing
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, PO Box 5076
New York, NY 10150-5076

000000000000

United States Bankruptcy Court/Southern District of New York
 Lehman Brothers Holdings Claims Processing Center
 c/o.Epiq Bankruptcy Solutions, LLC
 FDR Station, P.O. Box 5076
 New York, NY 10150-5076

In Re:
 Lehman Brothers Holdings Inc., et al.,
 Debtors.

Chapter 11
 Case No. 08-13555 (JMP)
 (Jointly Administered)

**LEHMAN SECURITIES PROGRAMS
 PROOF OF CLAIM**

Filed: USBC - Southern District of New York
 Lehman Brothers Holdings Inc., Et Al.
 08-13555 (JMP) 0000045229

Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <http://www.lehman-docket.com> as of July 17, 2009

T1



Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

THE IBS Turnaround Fund (QP) (A Limited Partnership)
 IBS Capital LLC
 1 International Place, Suite 2401
 BOSTON, MA 02110

Telephone number: 617-310-5164 Email Address: dat@ibscapital.com

Name and address where payment should be sent (if different from above)

Same

Telephone number:

Email Address:

Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
 (If known)

Filed on: _____

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

Amount of Claim: \$ 7,102,747.20 (Required) *Schedule attached*

Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

X50315264001
X50304195026

International Securities Identification Number (ISIN): *Schedule attached* (Required) X50349506104

3. Provide the Clearstream Bank Blocking Number, Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.

Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and/or other depository blocking reference number:

6036598, 6036611, 4036614 (Required) *Schedule attached*

4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.

Accountholders Euroclear Bank Clearstream Bank or Other Depository Participant Account Number: 22904
 (Required)

5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.

Date:

10/20/09

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

FOR COURT USE ONLY

FILED / RECEIVED

OCT 23 2009

EPIQ BANKRUPTCY SOLUTIONS, LLC

Lehman Securities Proof of Claim
The IBS Turnaround Fund (QP) (A Limited Partnership)

<u>Description</u>	<u>ISIN</u>	<u>Principal</u>	<u>Accrued</u>	<u>Total Claim</u>	<u>Blocking #</u>
1 Lehman Brothers Treasury Note Linked to S&P500 8/15/2010	XS0315264001	879,000.00	-	879,000.00	6036614
2 Lehman Brothers Treasury 0% 6/23/2014	XS0304195026	4,391,600.00	-	4,391,600.00	6036598
3 Lehman Brothers Treasury 8% 3/21/2018	XS0349506104	1,756,800.00	75,347.20	1,832,147.20	6036611
Total				7,102,747.20	

